



In The Abstract

A quarterly newsletter from the Kentucky Cancer Registry

Large Hospital Edition

July, 2000

KCR FALL WORKSHOP Sept. 14-16, 2000



Enclosed with this newsletter is a packet of information containing details and registration forms for the upcoming workshop. Please note the registration deadline is Friday, September 1st.

Reabstracting Study on January - June, 1999 Data

A reabstracting study was recently completed on a random sample of cases diagnosed throughout the state from January 1 to June 30, 1999. A total of 544 records were selected from cases of lung, breast, prostate, colorectal, lymphoma, and bladder cancer. The results show a pattern consistent with the findings of previous reabstracting studies. The overall error rate was only 4.1%, but the error rate for some individual items ran as high as 12%. The goal of KCR is to have no data items with error rates greater than 5%. Data items with greater than a 5% error rate are those related to staging and treatment information.



QA Summary #8					
Cases diagnosed 1/1/99 to 6/30/99					
Total Number Reabstracted = 544					
		# of Major		# of Minor	
	Field Name	Discrepancies	% Major	Discrepancies	% Minor
1.	Sequence	3	0.6	NA	0
2.	Site Code	4	0.7	NA	0
3.	Diag. Date	9	1.7	56	10.3
4.	County	9	1.7	NA	0
5.	Class of case	1	0.2	5	0.9
6.	Topography	9	1.7	38	7.0
7.	Histology	37	6.8	4	0.7
8.	Gen. Stage	59	10.8	NA	0
9.	TNM Group	59	10.8	NA	0
10.	Tx Type	41	7.5	NA	0
11.	Tx Course	41	7.5	NA	0
12.	Tx Proc	66	12.1	30	5.5
13.	Resid. Tumor	43	7.9	NA	0
14.	SSN	4	0.7	NA	0
15.	Name	5	0.9	NA	0
16.	DOB	4	0.7	NA	0
17.	Sex	2	0.4	NA	0
18.	Race	9	1.7	NA	0
19.	Acc. Year	0	0	NA	0
20.	Tumor Grade	NA	0	37	6.8
21.	Diag. Conf.	7	1.3	NA	0
22.	Tumor Size	50	9.2	NA	0
23.	Nodes Exam	42	7.7	NA	0
24.	Nodes Pos.	33	6.1	NA	0
25.	Dischg. Date	16	2.9	39	7.2
26.	Non Report/ deleted	2	0.4	NA	0
TOTALS		553	4.1%	209	5.5%

KCR recognizes that these two areas of abstracting are particularly complex and often difficult to code. We understand, too, that changes made by ACoS and by KCR regarding the surgery codes, and other data definitions, and reporting requirements may contribute to the confusion. KCR staff will investigate any new or additional methods to clarify abstracting issues and to provide additional training. We encourage you to carefully read and refer often to your reference books, especially the SEER EOD coding manual and the new Workbook for Staging of Cancer.

KCR plans to initiate quality review feedback letters to hospitals. These letters will be sent annually and will contain the results of the audits that were conducted at your hospital in the previous year. The first letters will be sent next January and will contain the results of the reabstracting and casefinding audits performed this year (2000) on your 1999 data. These letters will provide you with formal documentation of your achievements and point out any areas for improvement.

MORE COMPLETE THERAPY DATA NEEDED

Complete information regarding a patient's therapy is a critical aspect of data collection. All of the first course of therapy regardless of where given needs to be coded in the appropriate columns of the abstract form and not just listed in the open text. This includes therapy supplied by follow up letters and inquiries and from Marilyn Wooten and Jennifer Halsey, the KCR non-hospital facilities abstractors.

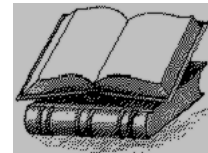
For "short form" cases it is strongly recommended that the treatment composite data element be completed as well as recording the therapy details in the open text field. It is only through completion of the treatment composite data element that therapy on short forms can be analyzed both at the local hospital and at the central registry. We would appreciate your cooperation in this matter.

EXTENT OF DISEASE CODING MANUAL Correction

The following correction needs to be made to the SEER EOD Codes and Coding Instruction manual: P. 102, left side of page under MEASURED THICKNESS (DEPTH) OF TUMOR. Beneath code 000-NO MASS; NO TUMOR FOUND, change mm heading to CM. (Per April Fritz, Manager, Data Quality, SEER Program)

TNM STAGING NOTES

Extra-ovarian primaries may arise from the coelomic epithelium in the peritoneum. These malignancies are histologically identical to epithelial ovarian cancer but the ovaries are not involved. They are diagnosed as primary papillary peritoneal adenocarcinoma and are excluded from the ovarian TNM staging system. (Per Workbook for Staging of Cancer, 2nd Edition, Pg. 210)



NEW CANCER DIRECTED THERAPY

The drug THALIDOMIDE is currently being used to treat sarcomatous lesions, neural sheath tumors and multiple myeloma. It is classified as a biological response modifier, according to Dr.

Thomas Woodcock, Medical Oncologist, Norton Healthcare, Louisville. Thanks to Michele Hoskins, CTR, Norton Hospital for sharing this information.



GOLDEN BUG AWARD

Special thanks to Barbara Janes, CTR, Norton Audubon Hospital, Louisville for identifying a software bug in the follow-up report!



People News



New Hires:

Tracy Hash	Samaritan Hospital, Lexington
Wendy Heitzman, CTR	Norton Hospital, Louisville
Kathy Sears	Jewish Hospital, Louisville
Jennifer Smothers	Taylor County Hospital, Campbellsville
Michelle Spalding	University of Ky Hospital, Lexington

Resignations:

Amanda Crosby	James G. Brown Cancer Center, Louisville
Lenora Emery, CTR	Norton Healthcare, Inc., Louisville
Wendy Heitzman, CTR	University of Kentucky Hospital, Lexington
Jeannine Randes, CTR	Ireland Army Hospital, Ft. Knox

KCR APPLIES FOR THE SEER EXPANSION PROGRAM

In April of this year, the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute released a contract solicitation for an expansion program. The SEER program is seeking to expand its geographic coverage of special populations, in particular to those with Hispanics, American Indians, rural African Americans, Appalachia residents, and populations with high cancer mortality rates. Kentucky has two of these target populations: residents of Appalachia (in 49 of the state's 120 counties) and high cancer mortality rates. Kentucky ranks first in the U.S. in deaths due to lung cancer, third in deaths due to cervical cancer and fourth in all cancer deaths combined.

The Kentucky Cancer Registry is writing a proposal to respond to the SEER solicitation. KCR would like to become a member of the SEER program and have Kentucky cancer data included in the statistical reports and analyses produced by SEER. This would give Kentuckians the opportunity to participate in numerous research projects and special studies related to quality of life, cancer treatment outcomes and geographic differences in cancer patterns.

The SEER Program is considered the standard for quality among cancer registries around the world. Thanks to the diligent efforts of dedicated cancer registrars in this state, KCR has been recognized as a high quality central cancer registry. Through your efforts, KCR is able to respond to this opportunity.

Special Feature: Coding Rules for Inflammatory Breast Cancer

Inflammatory breast cancer is a clinicopathologic entity. In order to classify a case as “inflammatory” the following must be present:

Diffuse dermal lymphatic invasion (beyond that directly overlying the tumor) is noted in the pathology report AND a clinical diagnosis of inflammatory cancer is made by a physician. This clinical diagnosis may be described in such terms as diffuse brawny induration (hardening), or warmth, redness and edema of the skin. This clinical information will (most likely) be found in the history and physical exam.

It is important to note that the mention of dermal lymphatic invasion by itself on a pathology report is NOT enough evidence to classify a case as “inflammatory”. Likewise, the clinical characteristics of edema, warmth, redness and brawny induration without dermal lymphatic invasion cannot classify the cancer as “inflammatory”. (See Workbook for Staging of Cancer, 2nd Edition, p.74, #26 & 27)

If the case meets the above conditions, the following are the correct codes for the data elements listed:

HISTOLOGY: 8530

Note:

- 1) If the pathology report reflects multiple histologic diagnoses, i.e. lobular carcinoma AND inflammatory carcinoma, code to inflammatory provided the previously mentioned clinicopathologic findings are present.
- 2) If the final pathology diagnosis states only lobular cancer, for example, but dermal lymphatic invasion is noted in the microscopic assessment AND the clinical characteristics of inflammatory cancer are present, code to inflammatory cancer.
- 3) Dermal lymphatic invasion is noted in the path report AND the path report also gives a diagnosis of inflammatory cancer.

TUMOR SIZE: 998 (from EOD coding manual)

SEER SUMMARY STAGE: 2 (regional by direct extension)

SEER EOD EXTENT: 70

TNM: pT4D

SOURCES:

- 1) AJCC Cancer Staging Manual, 5th Edition P. 171-174
- 2) Workbook for Staging of Cancer, 2nd Edition, P. 74
- 3) ACoS Inquiry and Response System, 12/28/99
- 4) Conversations with April Fritz, Data Quality Manager, SEER Program (3/2000)